

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <input type="text"/> 13594	2. Fiscal Year Covered From: <input type="text"/> 1 / <input type="text"/> 1 / <input type="text"/> 2004 Through: <input type="text"/> 12 / <input type="text"/> 31 / <input type="text"/> 2004
3. Name and address of person filing. Name <input type="text"/> Donald <input type="text"/> W <input type="text"/> Vidourek P.O. Box, Bldg., Room No., if any <input type="text"/> Street <input type="text"/> 6081 Hedge Lane City <input type="text"/> Hamilton State <input type="text"/> Ohio ZIP Code + 4 <input type="text"/> 45011	4. Name, file number, and address of labor organization. Name <input type="text"/> International Brotherhood of Electrical Worker Labor Organization File Number <input type="text"/> 025486 P.O. Box, Building and Room Number, if any <input type="text"/> Suite 140 Street <input type="text"/> 8260 NorthCreek Drive City <input type="text"/> Cincinnati State <input type="text"/> Ohio ZIP Code + 4 <input type="text"/> 45236
5. Position in labor organization. <input type="text"/> Representative	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <input type="text"/> American Line Builders Joint Apprenticeship Trade Name, if any: <input type="text"/> ALBAT P.O. Box, Bldg., Room No., if any <input type="text"/> P.O. Box 370 Street <input type="text"/> City <input type="text"/> Medway State <input type="text"/> Ohio ZIP Code + 4 <input type="text"/> 45341	7.a. Nature of Interest, Transaction, or Income. <input type="text"/> Lunches, Dinners and registration fees for meetings and conferences 7.b. Amount. <input type="text"/> \$525

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <input type="text"/>	On <input type="text"/> 10-25-2005 <input type="text"/> 513 535 3620 Date Telephone Number

Name of Person Filing Donald Vidourek	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☐ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State  ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.



**AMERICAN LINE BUILDERS JOINT APPRENTICESHIP AND TRAINING COMMITTEE**

P.O. Box 370 Medway, Ohio 45341 Phone 937-849-4177 Fax 937-849-0592

Website: [www.albat.org](http://www.albat.org) E-mail: [office@albat.org](mailto:office@albat.org)

September 30, 2005

Mr. Donald Vidourek  
IBEW Fourth District  
6081 Hedge Lane  
Hamilton, Ohio 45011

Dear Mr. Vidourek:

Enclosed is a copy of the LM-10 form recently filed with the Department of Labor for January 1, 2004 – December 31, 2004. As you will notice, additional transactions have been included other than those listed in our previous correspondence. As advised by our attorney Michael Ledbetter, all transactions to a Union or Union representative over \$25.00, must be reported. These transactions include, but are not limited to reimbursed expenses and registration fees.

We sincerely apologize for any inconvenience this may cause. If there are any questions, please feel free to call our office.

Sincerely,

Howard Miller  
Director

HM:ab

enclosures

## Part B

Name of Reporting Employer: American Line Builders Joint Apprenticesh	File Number
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Check Item Number (from Page 2) to which this Part B applies	ITEM 8.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both	9.c. Position In labor organization or with employer (if an independent labor consultant, so state). <div style="border: 1px solid black; padding: 2px;">Advisor to Trustees</div>	
9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.  Name <div style="border: 1px solid black; padding: 2px;">Donald</div> <div style="border: 1px solid black; padding: 2px;">Vidourek</div>  P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> Street <div style="border: 1px solid black; padding: 2px;">6081 Hedge Lane</div> City <div style="border: 1px solid black; padding: 2px;">Hamilton</div> State <div style="border: 1px solid black; padding: 2px;">Ohio</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">45011</div>	9.d. Name and address of firm or labor organization with whom employed or affiliated.  Organization <div style="border: 1px solid black; padding: 2px;">IBEW Fourth District</div>  P.O. Box, Building and Room Number, if any <div style="border: 1px solid black; height: 15px; margin-bottom: 5px;"></div> Street <div style="border: 1px solid black; padding: 2px;">6081 Hedge Lane</div> City <div style="border: 1px solid black; padding: 2px;">Hamilton</div> State <div style="border: 1px solid black; padding: 2px;">Ohio</div> ZIP Code + 4 <div style="border: 1px solid black; padding: 2px;">45011</div>	
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made.  <div style="border: 1px solid black; padding: 2px;">None</div>	10.b. The promise, agreement, or arrangement was:  <input type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)	
11.a. Date of each payment or expenditure ( mm/dd/yyyy ).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
<div style="border: 1px solid black; padding: 2px;">01/22/04</div>	<div style="border: 1px solid black; padding: 2px; text-align: right;">84</div>	<div style="border: 1px solid black; padding: 2px;">Expenditure for Goods</div>
<div style="border: 1px solid black; padding: 2px;">01/22/04</div>	<div style="border: 1px solid black; padding: 2px; text-align: right;">33</div>	<div style="border: 1px solid black; padding: 2px;">Expenditure for Goods</div>
<div style="border: 1px solid black; padding: 2px;">05/01/04</div>	<div style="border: 1px solid black; padding: 2px; text-align: right;">350</div>	<div style="border: 1px solid black; padding: 2px;">Payment of fees</div>
<div style="border: 1px solid black; padding: 2px;">09/15/04</div>	<div style="border: 1px solid black; padding: 2px; text-align: right;">58</div>	<div style="border: 1px solid black; padding: 2px;">Expenditure for Goods</div>
<div style="border: 1px solid black; padding: 2px;"></div>	<div style="border: 1px solid black; padding: 2px; text-align: right;">0</div>	<div style="border: 1px solid black; padding: 2px;"></div>
12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.  <div style="border: 1px solid black; padding: 10px; min-height: 150px;"> <p>These expenses, fees and goods were all resulting from his attendance to meetings and conferences as an advisor to our Trustees.</p> </div>		